



Michigan Medicine Laboratories (MLabs)

N-LNC Specimen Processing
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HISTOCOMPATIBILITY REQUISITION

Client Patient Reg or MRN:
Patient Name: Last First MI
Birthdate: Gender: OM OF
Ordering Doctor: Last First NPI#

Patient Address City State ZIP Home Phone #
Policy Holders Name Primary Insurance (Card Name) Primary Policy/Contract # Primary Group # Policy Holders DOB
Policy Holders Name Secondary Insurance (Card Name) Secondary Policy/Contract # Secondary Group # Policy Holders DOB

Bill To: Client/Referring Institution Patient/Insurance
Medicare = In Patient on DOS Out Patient on DOS Non Patient on DOS
If patient or insurance information is not included or attached to this form, your facility will be billed. For Medicare patients classified as a hospital inpatient or outpatient on the date of service, charges must be billed to the referring client.

ICD-10 CODES
ICD-10 Codes are required for billing. When ordering tests for which reimbursement will be sought, order only tests that are medically necessary for the diagnosis and treatment of the patient.

REFERRING PHYSICIAN TO BE CONTACTED WITH RESULTS AND/OR QUESTIONS

Referring Physician Referring Institution Phone Fax
Address City State ZIP Country

This request to order tests from MLabs certifies to MLabs that (1) the ordering physician has obtained written informed consent from the patient as required by applicable state or federal laws for each test ordered and (2) the ordering physician has authorization from the patient permitting MLabs to report results for each test ordered to the ordering physician.

PATIENT HISTORY/DIAGNOSIS

Diagnosis: Collection Date: Time: (Oam Opm) Footnote: Case/Accn #

Donor specimen, please include:
Recipient's full name and/or MRN
Relationship to Recipient
Recipient Diagnosis
Patient/Recipient specimen
Patient has not yet received a transplant
Patient has received a transplant

For all Donor Specific Antibody (DSA) testing, an additional unique patient identifier is required for matching in UNOS database. Please provide:
U of M MRN or Last 4 digits SSN

Table with 3 columns: Hematopoietic Cell Transplant, Solid Organ Transplant (Kidney, Heart, Lung, Liver, Pancreas), and HLA Typing & PRA for Transfusion Support or Platelets. Includes various test names and specimen type requirements (Y, R).

Specimen Type: R = Red top (SST acceptable) Y = Yellow top (ACD)

Copy Distribution: White - MLabs Histocompatibility Lab Yellow - MLabs SP Pink - Client Revised: 1-18-2021 B-REFR

1 By ordering this test, clinician acknowledges that additional reflex testing and/ or pathologist interpretation will be performed and billed at a separate additional charge if indicated.